


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000003679 1. Entity Name SUNCOAST CLASSIC SPORTS ASSOCIATION, INC.	
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Principal Place of Business 1322 DOROTHY DRIVE CLEARWATER, FL 33764	Mailing Address 1322 DOROTHY DRIVE CLEARWATER, FL 33764
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06122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3583407	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VEGHTE, JOHN W JR.
1322 DOROTHY DRIVE
CLEARWATER, FL 33764

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000766502 06/20/07-80004-006 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VEGHTE, JOHN 1322 DOROTHY DR CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEGHTE, DAVID 14336 MOONFLOWER DR TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETITTA, JOE 6 OAKLEAF CT SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEGHTE, RICHARD 1201 WOODCREST AVE CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVE, ROBERT 3314 HAVILAND CT 204 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, LARRY 6004 114TH AVE N PINELLAS PARK, FL 33782

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **John W. VEGHTE Jr.** 6/8/07 727-530-4026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #